



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Insurance Coverage: \_\_\_\_\_ Authorization: \_\_\_\_\_
Clinical Decision Support G Code: \_\_\_\_\_ Clinical Decision Support Modifier: \_\_\_\_\_
Symptoms / Reason for Exam: \_\_\_\_\_

(Include as many signs and symptoms as applicable - "r/o or question of" is not sufficient)

Please bring this referral with you to your exam

MR
Abdomen Prostate with DynaCAD for Fusion BX with use of:
Pelvis UroNav ProFuse ExactVu Navigo
Pancreas/MRCP PATIENT MUST FAST FOR 4 HOURS
MR Enterography (includes abdomen & pelvis)
Breast Unilateral Bilateral MRA Brain
Brain MRV Brain \*IF PATIENT HAS PACEMAKER REFER TO THE HOSPITAL
Pituitary MRA Abdomen \*IF PATIENT HAS STIMULATOR PROVIDE MAKE AND MODEL
Orbits (includes brain) MRA Neck
Neck MRA Chest
Chest MR Arthrogram
Cervical Spine MR Neurography
Thoracic Spine
Lumbar Spine
Shoulder RT LT
Bony Pelvis RT LT
Hip RT LT Bilateral
Leg RT LT
Knee RT LT
Foot (midfoot to forefoot) RT LT
Ankle (ankle to midfoot) RT LT
MR other RT LT
PLEASE SPECIFY CONTRAST
Radiologist's discretion Without Without and With

CT
Brain Chest Patella Tracking
Sinus Chest (high resolution) Foot RT LT
Face Lung Cancer Screening Initial or Annual Exam (chest) Ankle RT LT
Dentascan (for implants only) Lung Cancer Screening Follow-up Exam (chest) Shoulder RT LT
Cervical Spine Calcium Scoring Extremity RT LT Specify:
Thoracic Spine Renal Calculus (includes abdomen & pelvis) 3D Reformatted Images
Lumbar Spine CT Bone Density (QCT)
Neck Chest & CTA Chest (for PE / Aorta)
Abdomen & Pelvis CTA Chest (pulmonary vein mapping)
Pancreas Liver CTA Brain
Renal Mass CTA Neck
Abdomen & Pelvis CTA Abdomen CTA Coronary
Abdomen only CTA Abdomen & Pelvis CTA Chest, Abdomen
Pelvis only CTA Upper Extremity & Pelvis
CT Urogram (abdomen & pelvis, wo/w delayed contrast) CTA (run off) Virtual Colonoscopy Screening Diagnostic
CT Cystogram
CT Enterography (includes abdomen & pelvis)
CT other RT LT
PLEASE SPECIFY CONTRAST
Radiologist's discretion With Without Without and With

IF IV CONTRAST IS REQUESTED FOR MR AND CT EXAMS, PLEASE PROVIDE RECENT CREATININE LEVEL (If available): \_\_\_\_\_ Done: \_\_\_\_\_

ULTRASOUND
Abdomen complete (includes kidneys) Bilateral kidneys (retro limited, NO PREP)
RUQ (abdomen limited includes liver, pancreas, gallbladder, right kidney) Kidneys with renal artery (complete doppler)
Liver (abdomen limited with complete doppler for cirrhosis) Aorta (retro limited) PATIENT MUST FAST FOR 6 HOURS
Liver Elastography (with right upper quadrant ultrasound and complete doppler)
Choose one Transpelvic & Transvaginal (includes uterus and ovaries)
Transpelvic & Transvaginal (with doppler for torsion) THE PATIENT MUST FINISH DRINKING 3 (8 OZ) GLASSES OF ANY LIQUID 1 HOUR PRIOR TO APPOINTMENT AND NOT EMPTY BLADDER. THE PATIENT MAY EAT
Transpelvic only (under the age of 18 only)
OB TA / OB TV (up to 13 weeks) Bladder (urinary / post void)
Radiologist's discretion Bilateral kidneys and bladder

BREAST IMAGING
Breast MR\* Breast Biopsy\* (specify) DO NOT USE POWDER, PERFUME OR DEODORANT BEFORE THE EXAM. PLEASE BRING ANY PRIOR MAMMOGRAMS TO APPOINTMENT
Screening mammogram
Diagnostic mammogram\* (PRN ultrasound) (indicate symptoms)
Breast ultrasound\* (indicate symptoms) RT LT Bilateral Ultrasound axillary

\*Services only provided in East Avenue, East Greenwich, Johnston, and/or Veterans Memorial Parkway
Radiologist's discretion

BONE DENSITOMETRY
DEXA PATIENT SHOULD NOT TAKE ANY CALCIUM TABLETS OR PILLS 24 HOURS PRIOR TO APPOINTMENT
Radiologist's discretion

Leg veins (vascular extremity for DVT) RT LT
Arm veins (vascular extremity for DVT) RT LT
Extremity nonvascular / groin (hernia/lump, baker's cyst) RT LT
Thyroid Scrotal (with complete doppler for torsion only)
Carotid Scrotal
MSK (please specify)
Other ultrasound exam (please specify)
Radiologist's discretion

X - RAY OR OTHER PROCEDURE
Abdomen- KUB Elbow Humerus Ribs
Abdomen- Flat/Upright Facial Bones Knee Ribs with PA Chest
Ankle Femur Leg-Length Sacrum/Coccyx
Bone Age Finger (18 + and Johnston only) Scoliosis Screening (Johnston only)
Calcaneus Forearm Lumbar Spine Shoulder Soft Tissue Neck
Cervical Spine Foot Nasal Bones SI Joints Thoracic Spine
Chest Hand Orbits for Foreign Body Sinuses Tibia/Fibula
Clavicle Hip Pelvis Skull Toe
Radiologist's discretion RT LT BOTH Other

Referring Provider's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Signature: \_\_\_\_\_
CC Provider's Information: \_\_\_\_\_ Date: \_\_\_\_\_

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	3T MRI	1.5T MRI	1.2T Open MRI	CT	3D Screening Mammography	Diagnostic Breast Imaging	Breast Biopsy	Thyroid Biopsy	Ultrasound	DEXA (Bone Density)	Therapeutic Joint Injections / MSK	X-Ray (Walk-In)
<b>Barrington</b> 1525 Wampanoag Trail Lower Level, Suite 101	◆			◆	◆				◆	◆		◆
<b>Cranston</b> 1301 Reservoir Avenue Main Entrance			◆	◆	◆				◆	◆		◆
<b>Cranston</b> 65 Sockanosset Cross Road Main Entrance, First Floor		◆		◆	◆				◆	◆		◆
<b>East Greenwich</b> 1351 South County Trail Building 1, Main Entrance	◆	◆		◆	◆	◆	◆		◆	◆		◆
<b>East Providence</b> 1 Kettle Point Avenue Main Entrance, First Floor		◆										
<b>East Providence</b> 450 Veterans Memorial Parkway Building 2, Main Entrance					◆	◆				◆		
<b>Johnston</b> 1526 Atwood Avenue Lower Level, Suites LL1 and LL3		◆		◆	◆	◆	◆	◆	◆	◆		◆
<b>Johnston</b> 1539 Atwood Avenue Lower Level, Suite LL1		◆							◆			
<b>Lincoln</b> 6 Blackstone Valley Place Building 5, Suite 506		◆		◆	◆				◆	◆	◆	◆
<b>North Providence</b> 1500 Mineral Spring Avenue Main Entrance			◆	◆	◆				◆	◆		◆
<b>Pawtucket</b> 407 East Avenue Suites 120A and 120B	◆	◆		◆	◆	◆	◆		◆	◆	◆	◆
<b>Pawtucket</b> 333 School Street Lower Level, Suite 105	◆											
<b>Smithfield</b> 41 Sanderson Road Lower Level, Suite 109				◆	◆				◆	◆		◆
<b>Wakefield</b> 481 Kingstown Road Lower Level		◆		◆	◆				◆	◆		◆
<b>Warwick</b> 250 Toll Gate Road Main Entrance	◆			◆	◆				◆	◆		◆